

Testimony on HB 5619, House Health Policy Committee, 2-28-18
Mark Reinstein, Mental Health Assn. in Mich.

Representative Vaupel and Members of the Committee –

I'm Mark Reinstein, President & CEO of the Mental Health Association in Michigan, the state's oldest advocacy organization for persons experiencing mental illness.

We endorse HB 5619. It is important for both symbolic and practical reasons. Everything in it comes from Governor Granholm's 2004 Mental Health Commission, the state's legally mandated Mental Illness Advisory Council in 2006, or the Lt. Governor's Mental Health & Wellness Commission in 2013. If we're going to have Commissions, advisory councils, and special workgroups and task forces, we have to start listening to them, something the state has fallen way short of.

This bill amends the sub-populations receiving "priority status" in the Mental Health Code. It is critical to note that priority status doesn't guarantee acceptance by a CMH program. Nor does it require a particular service or services be provided to a priority client. Nor does it preclude service to someone not meeting priority status. The only legal entitlement to service comes from federal Medicaid law – if you're in Medicaid and an existing Medicaid health service is deemed medically necessary for you, then by law that service must be promptly provided. The only thing our state Mental Health Code requires is that the publicly funded mental health system spends a majority of its resources on priority clients.

The portion of 5619 dealing with youth in residential foster care came from the Calley Commission 2013 report. That body consisted of the Lt. Governor, the DHHS director, and four state legislators. Everything in that report had unanimity of its members.

The remaining new material in 5619 came predominantly from a unanimous recommendation of the 2004 Mental Health Commission. I've attached its roster to my testimony. Among the voting membership were three of the state's most prominent psychiatrists, 4 state legislators, 2 CMH directors, CMH & County Commission Board members, a former state mental health director, a probate judge, a prosecutor, and consumers, families, advocates, and providers.

The '04 Commission recognized that one of the three ways for someone with mental illness to be a priority was to have "one of the most severe forms" of what the Mental Health Code describes as Serious Mental Illness or Serious Emotional Disturbance. (The other two ways are to be in an emergency or urgent situation.) But the phrase "most severe forms" didn't (and still doesn't) have a definition. That means every CMH program decides what the "most severe forms" are locally. When my organization surveyed the CMHSPs five years ago, there was wide variance in what constitutes local severity. Many different, non-uniform measures were being utilized in various places, and no two CMHSPs were entirely alike in their criteria.

This verified what the '04 Commission knew – that we have an entirely unequal response to individuals across the state, simply based on where someone lives, in what is primarily a state-funded system.

The Commission recommended that certain diagnoses should automatically be priority cases. Six of the eight diagnoses in HB 5619 came from the Commission. For other diagnoses, it was recommended that severity could be determined by level-of-functioning measures or someone's previous illness history.

The Department of Community Health then approached the state's Mental Illness Advisory Council to work further on this issue. After a lengthy process that included major consultation with department staff, the Council drafted legislation – the material you have in front of you today. The Council determined that anyone with a significant psychiatric history would likely be able to qualify under diagnosis or level-of-functioning, so it dropped history. The Council also added two diagnoses to those crafted by the Mental Health Commission.

The department never brought the Council's draft bill to the Legislature. As someone who was on the 2004 Mental Health Commission and the Advisory Council on Mental Illness, I am pleased to finally see that work in front of you. My organization is open to bill modifications. If the list of diagnoses should be six or ten instead of eight, fine. If more needs to be said about level-of-functioning, fine. If the '04 Commission's historical category needs to go back in, fine. But this has to be standardized across Michigan. We can't keep going the way we have been.

If we're going to have service priorities, non-binding though they may be, then those priorities have to be uniform across the state. Our public mental health system is too decentralized, too lacking in accountability, and too confounding for consumers and families. HB 5619 is a step toward improvement in all those areas. It is also a message that we're not going to waste all the good work done previously by commissions, councils, task forces, and workgroups.

Thank you for your thoughtful consideration.

VOTING COMMISSION MEMBERS

C. Patrick Babcock, Co-chair	Director of Public Policy, W. K. Kellogg Foundation
Waltraud Prechter, Co chair	President, World Heritage Foundation
William Allen	Director, Oakland County Community Mental Health Authority
Fran Amos	State Representative, Waterford
Elizabeth Bauer	Michigan State Board of Education
Beverly Blaney, MD	Executive Physician for Healthcare Management, Ford Motor Company
Tom Carli, MD	Medical Director, U-M Medical Management Center
Nick Ciaramitaro	Director of Legislation & Public Policy, Michigan AFSCME Council 25
Bill Gill	Vice Chair, County Commission, Muskegon County
Beverly Hammerstrom	State Senator, Temperance
Rick Haverkate	Health Services Director, Inter Tribal Council of Michigan
Gilda Jacobs	State Senator, Huntington Woods
Joan Jackson Johnson	Director, East Lansing Center for the Family
Alexis Kaczynski	Director, North Country Michigan Community Mental Health
Guadalupe Lara	Manager, Conflict Management and Diversity Initiatives, Children's Hospital of Michigan
Kathryn Lynnes	President, Brainstorm
Milton Mack Jr.	Chief Judge, Wayne County Probate Court
Samir Mashni	Chair, Wayne County Community Mental Health Board
Andy Meisner	State Representative, Ferndale
Donna Orrin	Director, Creative Connections
Jeff Patton, MSW	Executive Director, Kalamazoo Community Mental Health and Substance Abuse Services
Brian Peppler	Prosecuting Attorney, Chippewa County
Michele Reid, MD	Medical Director, Detroit-Wayne County Community Mental Health Agency
Mark Reinstein	President and CEO, Mental Health Association in Michigan
Roberta Sanders	CEO, New Center CMHS
David Sprey	Consumer Advocate
Sara Stech, ACSW	
Rajiv Tandon, MD	Chief of Psychiatry, Florida Department of Children and Families
Maxine Thome	Executive Director, National Association of Social Workers, Michigan Chapter

NONVOTING COMMISSION MEMBERS

Patricia Caruso	Director, Michigan Department of Corrections
Sander Levin	U.S. Congressman, 12 th District
Janet Olszewski	Director, Michigan Department of Community Health
Marianne Udow	Director, Michigan Family Independence Agency
Tom Watkins	Superintendent of Public Instruction, Michigan Department of Education

